(Requestor's Name)				
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(Document Number)				
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COVER LETTER

	Amendment Section Division of Corporations			
SUBJEC	T: HAYNES SPENCER RICHA	ARDS, P.A. Corporation)		
DOCUM	IENT NUMBER: F70807			
The enclo	osed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.		
Please re	turn all correspondence concerning this matte	er to the following:		
	John S. Haynes			
	(Name of Co	ontact Person)		
	Haymaa Onanaa Diabaad	- D A		
	Haynes Spencer Richards (Firm/C	S, P.A. Company)		
	8730 S.W. 186th Street			
(Address)				
	Miomi Elorido 22157			
	Miami, Florida 33157 (City/State a	und Zip Code)		
For furthe	er information concerning this matter, please			
John S.	. Haynes (Name of Contact Person)	at (305) 663-1471 (Area Code & Daytime Telephone Number)		
	,	,		
Enclosed is a \$35.00 check made payable to the Department of State.				
	27	0		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	of the corporation: HAYNES SPENCER RICHARDS, P.A.	
2. The principal	al office address: 8730 S. W. 186th Street	· · · · · · · · · · · · · · · · · · ·
·	Miami, Florida 33157	
3. The mailing a	g address (if different):	7
4. Date of incorp	orporation/qualification: 3/12/1982 Document number: F70807	- 00 P. S. C.
	and street address of the current registered agent and registered office on file with the partment of State:	OC P
	John S. Haynes	~ ~
	4904 S. W. 72 Avenue	
	Miami, FL 33155	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office):	
	John S. Haynes	
	8730 S. W. 186 St.	
	(P.O. Box NOT acceptable) Miami, FL 33157	
	Wildliff, FL 33137	
The street addre as changed will	dress of its registered office and the street address of the business office of its regist ill be identical.	ered agent,
Such change wa	was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so
(NWV)	John S. Haynes, President (Printed or typed name and title)	
i turiner agree i	pt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete p The and I am familiar with and accept the obligation of my position as registered agent The period is reflect a change in the registered office address, I hereby confi The pass and address, I hereby confi	erformance . Or, if this rm that the
Almis) Hay October 19, 2006	
7	Signature of Redistered Agent) (Date) behalf of an entity:	
John S. Hayn	•	
	(Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)